CARROLL COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 290 South Center Street; P.O. Box 845

Westminster, Maryland 21158

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Elizabeth M. Ruff, M.D. Deputy Health Officer

## APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY Authority: Health General Article §§ 21-305 thru 21-311

## LICENSE CAN NOT BE ISSUED IF APPLICATION IS NOT COMPLETED IN FULL Please Print Clearly

4. Owner of Business	1.	Trade Name of Business	Phone (	)
3. Location of Business	2.	Mailing Address of Business		
3. Location of Business		City State/Zip	)	
Address Owner City State/Zip  5. If Business is part of a Corporation, provide the name, street address, and phone number of a person residing in Maryland who is authorized to accept Service of Process for another:  Agent's Name Phone ( )  Agent's Mailing Address City State/Zip  6. Landlord's Name Phone ( )  Address of Landlord City State/Zip  7. Number of Seats in Facility, including Stools State/Zip  8. Water Supply (Circle One): Private/Treated Private/Untreated Public  9. Sewage Disposal (Circle One): Private Public  10. Facility Provides Catering Services (Circle One): Yes No  11. Facility's Operating Hours and Days Date  12. Applicant's Name Date Please Print Clearly  13. Applicant's Original Signature Please Print Clearly  14. Facility Fee: Low \$60 Moderate \$115 High \$150 Fee Exempt (½ cost after June 30)  For Health Department Use Only  License Number - Date Processed				
Address Owner City	4.	Owner of Business	Phone (	)
5. If Business is part of a Corporation, provide the name, street address, and phone number of a person residing in Maryland who is authorized to accept Service of Process for another:  Agent's Name Phone ( )  Agent's Mailing Address City State/Zip  6. Landlord's Name Phone ( )  Address of Landlord City State/Zip  7. Number of Seats in Facility, including Stools  8. Water Supply (Circle One): Private/Treated Private/Untreated Public  9. Sewage Disposal (Circle One): Private Public  10. Facility Provides Catering Services (Circle One): Yes No  11. Facility's Operating Hours and Days  12. Applicant's Name Date Please Print Clearly  13. Applicant's Original Signature  14. Facility Fee: Low \$60 Moderate \$115 High \$150 Fee Exempt  (½ cost after June 30)  For Health Department Use Only License Number Date Porcessed		Address Owner		
in Maryland who is authorized to accept Service of Process for another:  Agent's Name Agent's Mailing Address City State/Zip  6. Landlord's Name Address of Landlord City State/Zip  7. Number of Seats in Facility, including Stools 8. Water Supply (Circle One): Private/Treated Private/Untreated Public  9. Sewage Disposal (Circle One): Private Public  10. Facility Provides Catering Services (Circle One): Yes No  11. Facility's Operating Hours and Days 12. Applicant's Name Please Print Clearly 13. Applicant's Original Signature 14. Facility Fee: Low \$60 Moderate \$115 High \$150 Fee Exempt (½ cost after June 30)  For Health Department Use Only License Number Date Processed		City State/Zip		
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CityState/Zip		Agent's Mailing Address		
Address of Landlord		CityState/Zip_		
Address of Landlord	6.	Landlord's Name	Phone (	)
7. Number of Seats in Facility, including Stools		Address of Landlord		)
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9. Sewage Disposal (Circle One): Private Public  10. Facility Provides Catering Services (Circle One): Yes No  11. Facility's Operating Hours and Days	7.	Number of Seats in Facility, including Stools		
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11. Facility's Operating Hours and Days  12. Applicant's Name	9.	Sewage Disposal (Circle One): Private Public		
12. Applicant's Name	10.	Facility Provides Catering Services (Circle One): Yes No		
Please Print Clearly  13. Applicant's Original Signature  14. Facility Fee: Low \$60   Moderate \$115   High \$150   Fee Exempt (½ cost after June 30)  For Health Department Use Only  License Number	11.	. Facility's Operating Hours and Days		
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For Health Department Use Only  License Number	13.	Applicant's Original Signature		
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License Number Date Processed Date Date		1		
Sanitarian's Signature Date		License Number Date Pro	ocessed	
		Sanitarian's Signature Date		